

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

**10/578950**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						
2		1					
3		1					
4		1					
5		1					
6		1					
7		1					
8		1					
9		1					
10		1					
11		1					
12		1					
13		1					
14		1					
15		1					
16		1					
17		1					
18		1					
19		1					
20		1					
21		1					
22		1					
23		1					
24		1					
25		1					
26		1					
27		1					
28		1					
29		1					
30		1					
31		1					
32		1					
33	1						
34		1					
35		1					
36		1					
37		1					
38		1					
39		1					
40		1					
41		1					
42		1					
43		1					
44		1					
45		1					
46		1					
47		1					
48		1					
49		1					
50		1					
TOTAL IND.	2		0		0		
TOTAL DEP.	48	←	0	←	0	←	
TOTAL CLAIMS	50	████████	0	████████	0	████████	

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51			1				
52			1				
53			1				
54			1				
55			1				
56			1				
57			1				
58			1				
59			1				
60			1				
61			1				
62			1				
63			1				
64			1				
65			1				
66							
67							
68							
69							
70							
71							
72							
73							
74							
75							
76							
77							
78							
79							
80							
81							
82							
83							
84							
85							
86							
87							
88							
89							
90							
91							
92							
93							
94							
95							
96							
97							
98							
99							
100							
TOTAL IND.	0	↓	0	↓	0	↓	
TOTAL DEP.	15	←	0	←	0	←	
TOTAL CLAIMS	15	████████	0	████████	0	████████	